

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS OR
UNITED STATES SERIES I (INFLATION-INDEXED) SAVINGS BONDS

PRINT IN INK OR TYPE

1. BRANCH OF SERVICE	2. SOCIAL SECURITY NUMBER	3. PAY GRADE (Military Only)
4. NAME	5. DEPT/AGENCY/DUTY STATION	6. DUTY PHONE NO.

REQUESTED ACTION For allotment options, see your campaign volunteer or payroll office.

A New Allotment
 B Increase Allotment
 C Change Denomination
 D Change Inscription
 E Safekeeping (Active Duty Only)
 F Other Action (Describe below)

Select One Denomination
 I only
 \$50
 \$75
 \$100
 \$200
 \$500
 \$1000

OTHER ACTION
 Select One Series Per Card
 Chart below determines number of pay periods needed to purchase each Bond. (Pay periods per year: Military 12 — Civilian 26).

I BOND
 OR
 EE BOND

If you checked A, B, or C above indicate amount to be allotted each pay period.
 \$ _____

	Face Value \$50		Face Value \$75		Face Value \$100		Face Value \$200		Face Value \$500		Face Value \$1,000	
	I - Costs \$50	I - Costs \$75	EE - Costs \$50	EE - Costs \$100	EE - Costs \$100	EE - Costs \$200	EE - Costs \$250	EE - Costs \$500	EE - Costs \$500	EE - Costs \$1,000	I - Costs \$1,000	I - Costs \$1,000
	Deduction	I	Deduction	I	Deduction	EE/I	Deduction	EE/I	Deduction	EE/I	Deduction	EE/I
	\$5.00	10	\$7.50	10	\$5.00	10/NA	\$10.00	10/NA	\$25.00	10/NA	\$50.00	10/NA
	\$6.25	8	\$12.50	6	\$6.25	8/NA	\$12.50	8/NA	\$31.25	8/NA	\$62.50	8/NA
	\$10.00	5	\$25.00	3	\$10.00	5/10	\$20.00	5/10	\$50.00	5/10	\$100.00	5/10
	\$12.50	4	\$75.00	1	\$12.50	4/8	\$25.00	4/8	\$62.50	4/8	\$125.00	4/8
	\$25.00	2			\$20.00	NA/5	\$50.00	2/4	\$100.00	NA/5	\$200.00	NA/5
	\$50.00	1			\$25.00	2/4	\$100.00	1/2	\$125.00	2/4	\$250.00	2/4
					\$50.00	1/2	\$200.00	NA/1	\$250.00	1/2	\$500.00	1/2
					\$100.00	NA/1			\$500.00	NA/1	\$1000.00	NA/1

BOND INSCRIPTION Complete the following if (a) you checked A or D on reverse; or (b) you have multiple Bond allotments

7. Effective first payroll period after	8. Bond Owner's Name	9. Social Security Number (Required)
10. Address	a. Number and Street	
	b. City or Town	c. State
	d. ZIP Code	
11. Check one if you wish to designate a co-owner or beneficiary <input type="checkbox"/> CO-OWNER <input type="checkbox"/> BENEFICIARY	12. Name (First Name) (Middle Name or Initial) (Last Name)	13. Social Security Number (Optional)
14. Mail Bond To: (If different from above)	a. Name (First Name) (Middle Name or Initial) (Last Name)	
	b. Number and Street	c. City or Town
	d. State	e. ZIP Code

EMPLOYEE'S SIGNATURE _____ (Return signed form to your payroll office or campaign volunteer)

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds to be issued with the inscription shown on this form.

This Authorization is to remain in effect until cancelled by me in writing or termination of my employment.

Married women should use their given names, e.g., "Mary L. Smith". If coowner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.

We estimate it will take you about one minute to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.